

**PHYSICAL DISABILITY EVALUATION SYSTEM (PDES)
COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT**

For use of this form see HQDA Letter 635-08-1; The proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC chapter 61 and 5 USC 301

PURPOSE: To provide information to the PEB on the impact of a medical impairment on a Soldier's ability to perform duties and to provide administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit.

ROUTINE USES: See Purpose

DISCLOSURE: Information is required in order to properly adjudicate the Soldier's case in the best interests of the Soldier and the Army.

SECTION I: SOLDIER DEMOGRAPHIC INFORMATION

1. DATE (YYYYMMDD)	2a. LAST NAME	2b. FIRST NAME	2c. MIDDLE NAME	3. PMOS
4. BASD	5. COMPONENT	6a. BIRTHDATE (YYYYMMDD)	6b. AGE	7. UNIT OF ASSIGNMENT

SECTION II: ADMINISTRATIVE INFORMATION

Instructions: The information in this section should be confirmed by the appropriate personnel activity and with the Soldier.

DATA ITEM	Yes	No	
1. Is Soldier charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer)? Chapter _____, Para _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, specify the chapter and paragraph.
3. Does Soldier have an approved voluntary retirement? Date retirement approved: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list date retirement was approved.
4. Is officer within 12 months of mandatory retirement for age or years of service or approved for Selective Early Retirement? Date of officer's mandatory retirement: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list mandatory retirement date.
5. REGULAR COMPONENT SOLDIERS ONLY: Does Soldier have prior service in the Selected or Individual Ready Reserve?	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, specify type of service. Ex: Served as a member of the ARNG or a USAR Troop Program Unit.
6. RESERVE COMPONENT SOLDIERS ONLY: Is Soldier within 12 months of his or her mandatory removal date? Mandatory Removal Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list mandatory removal date.
7. RESERVE COMPONENT SOLDIERS ONLY. If the answer to question to 6 is yes, will Soldier have 20 qualifying years of service at time of his or her mandatory removal date for purposes of eligibility for non regular retirement?	<input type="checkbox"/>	<input type="checkbox"/>	
8. ACTIVE COMPONENT ONLY. Is Soldier within 12 months of his or her Retention Control Point (RCP) and will Soldier be eligible for length of service retirement at the RCP? RCP date: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list RCP date.
9. Was Soldier's retirement for length of service delayed by Stop Loss? MILPER MESSAGE _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list the applicable MILPER Stop Loss message.
10. If an enlisted Soldier, is the Soldier due an automatic advancement? (See AR 600-8-19 concerning promotable status of enlisted Soldiers in the PDES.) Date due automatic promotion: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list date Soldier due next automatic advancement.
11. If an enlisted Soldier, is the Soldier on a semi-centralized or centralized promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
12. If an officer, is the Soldier on an approved promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has Soldier previously held higher rank? Highest rank held: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list rank and explain the reason Soldier is not serving in highest rank previously held.

DATA ITEM (Continued)	Yes	No	
14. Was Soldier on 24 September 1975, a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or under a binding written agreement to become such a member? (NOTE: A Soldier who was a contracted cadet of a U.S. Service Academy or a contracted ROTC cadet or a member of an Armed Force of another country on that date is included in the meaning of Armed Forces.)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Was Soldier's current referral to MEB/PEB the result of evaluation by an MOS/Medical Retention Board (MMRB)?	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, attach MMRB results.

SECTION III. PERFORMANCE INFORMATION

You are entering information into a performance-based system. Focus your comments on chronic conditions. The PEB must understand the impact of your Soldier's conditions on his/her ability to perform duties in the primary MOS. Severe, acute physical conditions generally need little performance discussion because the PEB members easily understand the limitations.

Should the PEB determine the Soldier is not fit for either a mental disorder or residuals of a Traumatic Brain Injury (TBI), the PEB must gauge the Soldier's capacity to perform in the civilian sector. For these conditions, the PEB looks at the Soldier's current functioning in the military, without regard to whether the Soldier is performing in his/her PMOS.

In all cases of Medical Corps officers with a clinical specialty area of concentration and assigned to a clinical position, the officer's first line medical supervisor will complete Sections III and complete and sign in IV. In all cases of officers of the Judge Advocate General Corps (JAG), Sections III and IV will be completed by the officer's Staff Judge Advocate, Command Judge Advocate, or agency/section supervisor.

SECTION III A. For each Soldier, regardless of condition(s).

For each item, mark Yes, No, or N/Obs (not observed). In Section III D: fully explain every 'No.'

#	ITEM	Yes	No	N/Obs
1.	Soldier performs duties in MOS (to include assigned MOS duties in unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Soldier in appropriate TO&E or TDA position for grade and MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Soldier's medical conditions/limitations affect unit accomplishing mission. <i>If Yes, fully explain in Section III D.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I recommend retaining this Soldier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III B. For each Soldier with a mental disorder (including Post Traumatic Stress Disorder (PTSD), major depressive disorder, anxiety disorder, bipolar disorder, etc.).

Consider Soldier's performance over the past several months. Indicate whether performance seems to be improving, worsening, or static. For example, where Soldier demonstrated periods of not completing tasks to time and quality standards, but is now completing tasks to standards indicate Soldier had issues but is now performing normally.

SECTION III B (Continued)

Use Section III D if additional space required and to provide additional discussion.

1	Describe/list <i>discrete, specific</i> duties/tasks Soldier can complete to standard (time and quality).	
	A	
	B	<input type="checkbox"/> No difficulties.
	C	<input type="checkbox"/> Not observed.
2	Describe <i>types of duties</i> Soldier does not complete to standard (time and quality).	
	A	
	B	<input type="checkbox"/> No difficulties.
	C	<input type="checkbox"/> Not observed.
3	Indicate whether performance issues are due to (choose all that apply):	
	A	<input type="checkbox"/> Soldier needs more time for each task;
	B	<input type="checkbox"/> Soldier performs duties/tasks with errors or incompletely.
	C	<input type="checkbox"/> Soldier does not complete the duties/tasks.
	D	<input type="checkbox"/> Soldier unable to complete 8 hour duty day.
	E	<input type="checkbox"/> No difficulties.
	F	<input type="checkbox"/> Not observed.
4	Considering 1-3 above, and Soldier's work performance during the time you have observed Soldier, choose most accurate description of Soldier's performance:	
	A	<input type="checkbox"/> Periods of diminished attention or performance only when significantly stressed. If known, indicate type of stress eliciting performance issues. Indicate frequency (for example: once two months ago for two days before court appearance). Describe performance during this time.
	B	<input type="checkbox"/> Occasional decrease in work efficiency (performs more slowly and/or with more errors).
	C	<input type="checkbox"/> Intermittent periods where Soldier unable to perform occupational tasks.
	D	<input type="checkbox"/> Occasional difficulties with reduced reliability and productivity.
	E	<input type="checkbox"/> Not observed.
5	Effective work relationships with supervisors and/or co-workers.	
	A	<input type="checkbox"/> Has effective work relationships with both supervisors and co-workers.
	B	<input type="checkbox"/> Difficulty establishing and/or maintaining effective work relationships with supervisors and/or co-workers. Discuss.
	C	<input type="checkbox"/> Does not establish and/or does not maintain effective relationships with supervisors and/or co-workers. Discuss.
	D	<input type="checkbox"/> Not observed.

SECTION III C. If Soldier has a diagnosis of Traumatic Brain Injury (TBI), assess Soldier's performance.

Use Section III D to provide additional discussion.

1. Task/duty completion (functional capacity).

	Completing tasks/duties to standard.	
	A	<input type="checkbox"/> Performs tasks/duties to standards.
	B	<input type="checkbox"/> Mild difficulties completing tasks/duties to standards. Discuss.
	C	<input type="checkbox"/> Moderate difficulties completing tasks/duties to standards. Discuss.
	D	<input type="checkbox"/> Severe difficulties completing tasks/duties to standards. Discuss.
	E	<input type="checkbox"/> Not observed.

2. Decision Making.

	Based on your observations of Soldier's performance, can you gauge the quality of Soldier's decisions? If so, indicate whether Soldier:
A	<input type="checkbox"/> Makes reasonable decisions, including complex or unfamiliar ones. Discuss and include examples of Soldier's reasonable decisions.
B	<input type="checkbox"/> Makes reasonable decisions; occasionally makes (or avoids making) unreasonable complex or unfamiliar decisions. Discuss and include examples.
C	<input type="checkbox"/> Makes simple decisions but usually not complex or unfamiliar decisions. Discuss and include examples.
D	<input type="checkbox"/> Not observed.

3. Social Interactions.

	Social interaction. Describe whether Soldier displays inappropriate social interactions. Discuss.
A	<input type="checkbox"/> Describe behaviors and indicate frequency (occasionally, frequently, most of the time; or you can indicate in %s.) Discuss.
B	<input type="checkbox"/> Not observed.

4. Performance issues due to Soldier's complaints of TBI residuals.

	Where you have observed negative performance issues and Soldier attributes these performance issues to physical symptoms (e.g., headache; dizziness; insomnia, hypersensitive to sound or light) indicate the impact on Soldier's performance.
A	<input type="checkbox"/> Mild interference, e.g., able to complete with more time or completes work with more than the normal frequency of errors.
B	<input type="checkbox"/> Moderate interference, e.g., the result is the equivalent to missing work several hours a day. An example of the impact on performance and the frequency of this impact is: "headaches requiring rest period during most days."
C	<input type="checkbox"/> Not observed.

5. Workplace Interactions.

	Does Soldier appear: irritable; impulsive; unpredictable; unmotivated; verbally aggressive; physically aggressive; belligerent; apathetic; moody; uncooperative; inflexible; unfeeling; or unaware of condition? If so, indicate how these characteristics appear to impact Soldier's workplace interactions:
A	<input type="checkbox"/> Do not interfere with workplace interaction. Discuss.
B	<input type="checkbox"/> Occasionally interfere with workplace interaction. Discuss.
C	<input type="checkbox"/> Frequently interfere with workplace interaction. Discuss.
D	<input type="checkbox"/> Interfere or preclude workplace interaction on most days. Discuss.
E	<input type="checkbox"/> Occasionally requires supervision (for safety of self or others.) Discuss.
F	<input type="checkbox"/> Not observed.

SECTION III D. COMMENT SECTION**INSTRUCTIONS:**

Whenever possible, include more than "Soldier not performing because of profile limitations." Indicate specific duties Soldier currently performs and hours per week Soldier performs duties other than those within Soldier's PMOS. Describe Soldier's performance.

For III A, B, and C above, reference item # and provide additional detail/discussion, as required. Use additional pages as required.

Continuation Page

SECTION IV: COMMANDER'S VALIDATION AND SIGNATURE

1. PRINTED NAME		2. RANK	3. BRANCH	4. TITLE
5. SIGNATURE		6. UNIT ADDRESS		
7. PHONE NUMBER	8. E-MAIL ADDRESS	9. DSN		10. FAX NUMBER

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